



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	2:29 pm	TIME OUT	3:50 pm
DATE	Nov. 21, 2017	PAGE	1 of 2

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Taco Bell	OWNER: KMAC Enterprises, LLC	PERSON IN CHARGE: Brytnée Turner
ADDRESS: 560 West Karsch Blvd.	ESTABLISHMENT NUMBER: 0846	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)756-3111	FAX: none
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Other _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health						
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
	Good Hygienic Practices						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
	Preventing Contamination by Hands						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
	Approved Source				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Chemical		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
	Protection from Contamination				Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized				Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned, and unsafe food						

The letter to the left of each item indicates that item's status at the time of the inspection.
 IN = in compliance OUT = not in compliance
 N/A = not applicable N/O = not observed
 COS = Corrected On Site R = Repeat Item

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>B. Turner</i>	Brytnée Turner	Date:	November 21, 2017
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	Nov. 30, 2017



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 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Taco Bell		ADDRESS 560 West Karsch Blvd.		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Delfield freezer, ambient		12	Prep tables, top: cut lettuce, cut tomatoes		38, 40, 35, 36
Cheese sauce in rethermolizer		172	Prep table, bottom: ambient, cheese		40, 41
Hot hold cabinet, ambient		220	Hot hold prep table: taco meat, refried beans, rice		167, 148, 186
			Hot hold prep table: shredded chicken, beef		160, 191

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
NOTE	This inspection is the result of a foodborne illness complaint received in our office on November 20, 2017. The complainant went to the hospital where she was told she may have contracted a foodborne illness, but a stool sample was not collected for confirmation.		
NOTE	According to the manager, one employee went home sick on November 19 and was subsequently diagnosed with strep throat by a medical practitioner. No employees went home sick on November 20.		
NOTE	There is no raw animal-derived foods cooked at this facility. All foods are pre-packaged and fully cooked upon arrival to this facility.		
NOTE 4-702.11	The employee illness policy was posted and is in compliance with the Mo. Food Code. Serving trays are wiped with a sanitizer cloth between customers. Food contact surfaces shall be washed, rinsed, sanitized, and air dried after each use. Please clean and sanitize customer trays between customers. NOTE: this was discussed with management and staff during this visit.	11/21/17	BT
4-601.11A	Mold observed on the ice chute on the dining room ice dispenser. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize ice chute at least daily.	11/21/17	
7-201.11B	Cases of degreaser are stored atop the salt reservoir of the facility water softener. Toxic materials shall be stored so they cannot contaminate food, equipment, single service items and clean linens. Please do not store chemicals on top of the water softening system.	11/21/17	
5-203.14B	Backflow protection was not observed on a wye connector attached to the mop sink faucet. The water supply shall be protected against backflow. Please install American Society of Sanitary Engineers (A.S.S.E) approved hose bibb vacuum breakers on each arm of the wye connector.	11/25/17	
4-601.11A	Food residue was observed on a plastic pan and on a scoop in clean storage. Food contact surfaces shall be clean to sight and touch. COS by moving to ware washing.	COS	

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
5-205.15B	A leak was observed in the cabinet below the dining room soda dispenser. Please determine source of pooled liquid and repair. Clean cabinet.	11/30/17	BT
3-305.11A	Debris from throwing trash into the trash can in the dining room condiment cabinet was observed on the inside of the cabinet holding the trash can. Food (individual condiment packages) is stored in this cabinet. Food shall be protected from contamination while in storage. Please do not store food in this cabinet OR install a taller cabinet that reaches close to the top hole opening in the cabinet.	11/30/17	
4-901.11	Food equipment was wet nested in the clean storage rack in the ware washing area. After cleaning and sanitizing, equipment shall be air dried. Please air dry all equipment prior to placing in storage or nesting.	11/21/17	
5-202.12A	The water supply to the hand wash sink in the kitchen area was observed to be hot water only. The water temperature was measured at 133F. This condition makes hand washing very uncomfortable. The water supply to a hand wash sink shall be provided through a mixing valve or combination faucet. Please provide hot and cold water at the hand wash sink that is through a mixing valve.	11/30/17	

EDUCATION PROVIDED OR COMMENTS

NOTE: a line through an item on page one indicates it was not observed or is not applicable.

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: Nov. 30, 2017

John Wiseman
 John Wiseman, EPHS #1507